

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 11-SEP-2015		TIME 00:22:00		2. ADDRESS OF OCCURRENCE 4242 W CERMAK RD CHICAGO, IL 60623		3. LOCATION CODE 303		4. BEAT/SECTOR 1012	
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME ZAYAS		7. FIRST NAME ALBERTO H		8. STAR NO. 10661		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F
	10. RACE CODE S		11. AGE 1977		12. HT. 505		13. WT 168		
	14. DATE OF APPT. 05-DEC-2005		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 010 1012R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No
SUBJECT INFORMATION	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME BRANDON		21. FIRST NAME DERRICK		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F
	24. RACE BLK		25. D.O.B. 1973		26. HT. 504		27. WT. 175		
	28. ADDRESS 715 N TRUMBULL AVE CHICAGO, IL 60624		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No
REASON FOR USE OF FORCE (Check all that apply)	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM? AMBU#67 ON SCENE		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A		37. CB NO. 19185741
	38. D.N.A.		39. D.N.A.		39. D.N.A.		39. D.N.A.		39. D.N.A.
	39. D.N.A.		39. D.N.A.		39. D.N.A.		39. D.N.A.		39. D.N.A.
WEAPON DISCHARGE INCIDENT	40. ADDITIONAL INFORMATION		40. ADDITIONAL INFORMATION		40. ADDITIONAL INFORMATION		40. ADDITIONAL INFORMATION		40. ADDITIONAL INFORMATION
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR		45. MAKE/MANUFACTURER
	46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE		49. TASER DART ID NO. C69T34200		
CASE INFO.	50. WEAPON SERIAL NO. (Include Letters) X30001VX5		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.		70. EVENT NO. 1525400246
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		
	58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		
SIGNATURES	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT, SIDE (WAIST) <input type="checkbox"/> 02 LT, SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		71. RD NO HY418735
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)		
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name) ZAYAS, ALBERTO H		STAR/EMPLOYEE NO. 10661		SIGNATURE		
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.									
74. REVIEWING SUPERVISOR (Print Name) ORTEGA, ELVIS		STAR NO. 1092		SIGNATURE		DATE REVIEWED 11-SEP-2015 05:17:04		TIME	

LOG# 1079273

Attachment# 13

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

At 0515 Hrs. Subject Cook stated to R/Lt in the 010th District processing area that he was celebrating with friends and removed the bottle of alcohol, which Officer Zayas instructed him to not touch. He furthered that he then tried to flee on foot as the Officer told him to stop and was then stuck by a taser.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the subject's admission and the Officer's sworn reports, R/Lt concludes that the Officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CRNO 1077101 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

GILTMER, BETH A

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

11-SEP-2015 05:35:46

79. TOTAL TRP's THIS EVENT No.

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